Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1.	Agency Name					Date Stamp	California Q02	
	Los Angeles County						Form OUZ	
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only				
	Board of Supervisors, Fourt	h District						
	Designated Agency Contact	(Name,Title)	1					
	Nancy Herrera		Amendment (Must	Provide Explanation in Part 3.)				
	Area Code/Phone Number	E-mail			, , , , , , , , , , , , , , , , , , ,	Amendment (Music	Provide Explanation in Part 3.)	
	(213) 974-4444	nherrera@bo	s.laco	unty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation						
	Does the agency have a ticl	ket policy?	Yes D	No□	Face Value of	Each Ticket/Pass \$ _	68	
	0.000 O.00		100 [1 1	
	Event Description: LA Philh	Provide Tit	Date(s) 4					
	Ticket(s)/Pass(es) provided		ney Concert Hall					
] No⊠		Name of Source		
	Was ticket distribution made	at the behest	Yes [] No⊠	If yes:	Official's Name (Last, First)		
	of agency official?					and a second		
3.	Recipients							
•	• Use Section A to identify the agen	cy's department or	identify an individ	ual. • Use Section C to iden	itify an outside organization.			
	A. Name of Agency, Depa			Number of Ticket(s)/ Passes			rsuant to the agency's policy	
	Board of Supervisors			2	Ticket Policy	v Sec 5.3(k)		
	B. Name of Indi (Last, Fire			Number of Ticket(s)/ Passes		Identify one of the	following:	
						onial Role Other Ding "Ceremonial Role" or "Other" de		
					35/33/85/50/35/55	onial Role Other Cing "Ceremonial Role" or "Other" de		
	C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes	s)/ Describe the public purpose made pursuant to the ag		rsuant to the agency's policy	
ŀ.	Verification							
	I have read and understand FPI with the requirements.	PC Regulations	18944.1	and 18942.	I have verified th	hat the distribution set f	orth above, is in accordance	
	100010 0/100	0101	Ticket Administrator	5/17/18				
	Signature of Agency Head or Designation	e e	Title	(month, day, year)				
	()	500,700		(o.i.i., day, youl)				
	Comment:							

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1. Agency Name	Date Stamp

	gency Report of: eremonial Role Even	its and Ticket/F	ass Distr	ibutions	А	Public Document
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	Los Angeles County		}	Form OUZ		
	Division, Department, or Reg	ion (if applicable)	10.50		1	For Official Use Only
	Board of Supervisors, Fourt	h District				
	Designated Agency Contact	(Name, Title)	1			
	Nancy Herrera		Amendment (Must Pr	ovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Amendment (Mast F)	ovide Explanation in Fait 3.)
	(213) 974-4444	nherrera@bos.laco	ounty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	⊠ No 🗆 🗆	Face Value of	Each Ticket/Pass \$ <u>16</u>	8
	Event Description: LA Philh	armonic	Ì	Date(s)4	, 22 , 18	1 1
	Event Description.	Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🛛 🛚	f no: Walt Disr	ney Concert Hall	
	Man tinket distribution made	at the beheat w		f yes:	Name of Source	
	Was ticket distribution made of agency official?	e at the benest Yes	_ No⊠ '	1 yes	Official's Name (Last, First)	
	or agency official:			18		
·.	• Use Section A to identify the agen A. Name of Agency, Depart		Number of Ticket(s)/		ual. • Use Section C to identi	
		Passes				
	Board of Supervisors	2	Ticket Policy	Sec 5.3(k)	_	
			=			
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
					onial Role Other of "Other" descriptions of "Other" descriptions of the control o	Income Income
					onial Role Other ing "Ceremonial Role" or "Other" description	Income Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes			uant to the agency's policy
	Verification		,			
_	I have read and understand FP with the requirements.	PC Regulations 18944.	1 and 18942.	I have verified to	hat the distribution set for	th above, is in accordance

			4	
4.	VA.	riti	cat	ion

I have read and unders	stand FPPC Regulations	s 18944.1 an	d 18942. I have	verified that	the distributi	on set forth abov	e, is in accordance
with the requirements.	M						
Maria							= / / = / / 6

	1) and	1	Here	40
Т	Signature of Ager	γсу	Head or Designee	

Nancy Herrera Print Name

Ticket Administrator

5/17/18 (month, day, year)

Comment: _

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	(213) 974-4444	os.lacou	unty.gov		Date of Original Filing:(month, day, year)			
2.	Function or Event Infor	mation						
	Does the agency have a tick	ket policy?	Yes 🗵	No□	Face Value of I	Each Ticket/Pass \$ <u>168</u>	3	
	Event Description: LA Philh	armonic			Date(s)4/			
	Ticket(s)/Pass(es) provided	Provide Tit by agency?	15		lf no: Walt Disr	ney Concert Hall		
	Was ticket distribution made	at the beheat	V	7 N. 1877	If yes:			
	of agency official?	at the penest	Yes L	NOKI	yes	Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agen	cy's department or	unit. • U	se Section B to	identify an individ	ual. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Department or Unit			Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant to the agency's polic		
	Board of Supervisors			4	Ticket Policy Sec 5.3(k)			
	B. Name of Indiv			Number of Ticket(s)/ Passes		Identify one of the fol	lowing:	
						onial Role Other Other on "Other" descri	Income In	
	-			100 100 100 100 100 100 100 100 100 100		onial Role Other Officer (Ceremonial Role" or "Other" descri	Income In	
	C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency		ant to the agency's policy	
	Verification	0						
	I have read and understand FPI with the requirements.	PC Regulations	18944.1	and 18942.	I have verified th	nat the distribution set for	h above, is in accordance	
	X made Alexander					Ticket Administrator	5/17/18	
	Signature of Agency Head or Designe	ee	Title	(month, day, year)				
	Comment:							